

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 144  
 Registered No. 276

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 62 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Margarita Magdalena

(If child is not yet named, make supplemental report, as directed.)

**3. Sex of Child**

To be answered ONLY in event of plural births. Female

**4. Twin, triplet or other**

**6. Legitimate?**

and yes

yes

**7. Date of birth** June 10-1927  
 Month Day Year

**8. FATHER**  
 Full name Andreas Magdalena

**14. MOTHER**  
 Full maiden name Maria Chavez

**9. Residence** (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.

**15. Residence** (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.

**10. Color or race** Mex.

**11. Age at last birthday** 26 (Years)

**16. Color or race** Mex.

**17. Age at last birthday** 22 (Years)

**12. Birthplace** (city or place) Jalisco Mex.  
 (State or country)

**18. Birthplace** (city or place) El Paso, Texas  
 (State or country)

**13. Occupation**  
 Nature of industry Laborer

**19. Occupation**  
 Nature of industry Housewife

**20. Number of children of this mother** (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

**21. Were precautions taken against phthalmia neonatorum?** Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 11 A. m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown, M.D.  
 Physician

Given name added from a supplemental report  
 Month, day, year 446-1010-439  
 Registrar

Address Miami, Arizona  
 Filed July 11, 1927 Co. E. Dwyer  
 Registrar